08-13555-mg Doc 645-11 Filed 10/03/08 Entered 10/03/08 16:29:06 Exhibit G OFPG AOCOUNT STATEMENT

LEHMAN BROTHERS SPECIAL FIN. INC.

10019

745, 7TH AVENUE

NEW YORK , NY

3RD FLOOR

USA

TSX group

STATEMENT AS OF 09/24/08 CUSTOMER # 9989 LOCATION # PCB PAGE NO 1

PLEASE REMIT TO

TSX Inc. The Exchange Tower 130 King Street West Toronto, ON M5X 1J2

STATEMENT AS OF 09/24/08 CUSTOMER # 9989 LOCATION # PCB

PAGE NO 1

INVOICE DATE	TYPE	INVOICE NUMBER	CURRENCY	ORIGINAL CURRENCY AMOUNT OPEN AMOUNT			INVOICE NUMBER	BALANCE DUE
02/29/08	INV	00000001085447	USD	2,800.00	2,800.00		000000001085447	2,800.00



TERMS: NET 30 DAYS SUMMARY OF OUTSTANDING BALANCE EXPRESSED IN USD

	1 - 30 DAYS	31 -	60 ⁻ Days	61 -	90 DAYS	OVER 90 DAYS	TOTAL AMOUNT DUE
0.00	0.00		0.00		0.00	2,800.00	2,800.00

PLEASE PAY THIS AMOUNT

2.800.00

PLEASE PAY THIS AMOUNT

2,800.00 USD

ENCLOSED FOR YOUR CONVENIENCE IS YOUR LATEST STATEMENT. SOME OF THE ITEMS ARE NOW PAST DUE AND WE ASK THAT YOU KINDLY ADDRESS THIS OVERSIGHT BY FORWARDING YOUR REMITTANCE TODAY. SHOULD YOU REQUIRE ADDITIONAL INFORMATION, PLEASE CONTACT THE FINANCE DEPARTMENT AT (416)947-4470, FAX (416)947-4727 OR EMAIL: ACCOUNTING@TSX.COM

SINCERELY,

FINANCE DEPARTMENT

Invoice

TSX group TSX

LEHMAN BROTHERS SPECIAL FIN. INC. 745, 7TH AVENUE 3RD FLOOR NEW YORK, NY 10019 USA Attn: CLAUDIO ROBERTSON *

Invoice Date Invoice Number Account Number Order Number Order Period 29 Feb 2008 1085447 9989 1085447 Feb-08

 Product/Service
 Received By
 Quantity
 Unit Price
 Amount

 INDEX_LICENSE PCBOND INDEX_LICENSE FEE DEX LONG TERM BOND INDEX
 JAN/08-DEC08
 1
 2,800.00
 2,800.00



* PST APPLICABLE

 Subtota1
 2,800.00

 GST (Registration #10525 5327 RT)
 0.00

 PST
 0.00

Total Amount Due USD \$2,800.00

Terms: NET 30 DAYS Billing Inquiries (416) 947-4415

Page 1



Please remit to: TSX Inc. The Exchange Tower P.O. Box 421 130 King Street West Toronto, Ontario M5X 1J2

Invoice No.	1085447				
Customer No.	9989				
Invoice Date	29 Feb 2008				
Amount Due \$ USI	2,800.00				
Due Date	30 Mar 2008				
Amount Remitted \$					

Charge my:	{ } Master Card	{ } American Express	{ } Visa	Maximum Charge is \$10,000.00
Card Number:				Expiration Date
CVC Number:	- -			
Name (please	print)	Si	gnature as sho	wn on card: